



# Incident Report

**Print Date/Time:** 04/27/2016 14:34  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00007631

**Incident Date/Time:** 4/23/2016 2:25:00 PM  
**Location:** 717 SR 9 NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 984-4717  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D3	SS0136-Shein

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANDERSON, JESSICA					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						b06320x	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

**04/23/2016 : 14:27:59 SP0262 Narrative: RP IS PARKED NEAR GAS PUMPS**

**04/23/2016 : 14:27:44 SP0262 Narrative: LR262**

**04/23/2016 : 14:27:26 SP0262 Narrative: AID DECLINED, RP IN RED VOLVO SUV IN SAFEWAY PKLOT**

**04/23/2016 : 14:26:54 SP0262 Narrative: L/B06320X POSS PLATE, LS WB TOWARDS SR 9**

**04/23/2016 : 14:26:16 SP0262 Narrative: CC, HIT AND RUN, RP REAR ENDED, FLEEING VEH RED TRK**

## 16-00007631, 042316 COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E537373**CASE # **2016-7631**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **04** - **23** - **2016** **1425** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**SR 9 NE**BLOCK NO. ☒  
MILE POST**717**

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐  
FEET ☐ S ☐ W**N. DAVIES RD**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX **M**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USE **9**INJURY  
CLASS **0**

NATURE OF INJURIES

LICENSE  
PLATE #**UNKNOWN**STATE **WA**

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE **PK**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

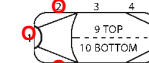
LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

**D: 4259854717**

LAST NAME

**ANDERSON**

FIRST NAME

**JESSICA**MIDDLE  
INITIAL**J**STREET  
NEW ADDRESS**6118 97TH DR NE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**982584004**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**ANDERJJ195MG**STATE **WA**SEX **F**D.O.B.  
MMDDYYYY**07****07****1981**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USEINJURY  
CLASS **7**NATURE OF INJURIES  
**SORE NECK**LICENSE  
PLATE #**699YWI**STATE **WA**

VIN#

**YV4CZ852661258387**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2006**MAKE **VOLV**MODEL **XC90**STYLE **4W**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

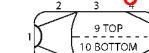
LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **GEICO 2023-34-74-67**VEHICLE  
LEGALLY  
STANDING YES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**DENNIS IRWIN**

BADGE OR ID #

**105**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537373**CASE # **2016-7631**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BRENT LOYD H</b>																	
ADDRESS & PHONE #		<b>1919 JAMIE WAY RIVERTON UT 84065</b>										SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>06</b>	-	<b>19</b>	-	<b>1953</b>
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>4</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>SORE NECK</b>	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HART PEARL I</b>																	
ADDRESS & PHONE #		<b>1919 JAMIE WAY RIVERTON UT 84065</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY		-		-	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>SORE NECK</b>	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ANDERSON NATALIE B</b>																	
ADDRESS & PHONE #		<b>6118 97TH DR NE LAKE STEVENS WA 98258</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>12</b>	-	<b>15</b>	-	<b>2003</b>
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>6</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>SORE NECK</b>	

**NARRATIVE**

UNIT #2 was north bound in the Safeway parking lot (7171 SR 9) approaching the round-about exit at N. Davies Rd. UNIT #2 then stopped just prior to entering the round-about, yielding to a vehicle within the round-about. UNIT #1 was traveling directly behind UNIT #2 and failed to notice UNIT #2 had yielded to traffic/came to a stop. UNIT #1 then struck UNIT #2 from behind.

UNIT #1 then immediately fled the scene after the collision. UNIT #2 was unable to obtain a complete/accurate vehicle license plate number for UNIT #1.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Location Character: ROUND-ABOUT

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**DENNIS IRWIN**
**04-23-16 06:02 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**4/25/2016 11:12:46 PM**

BADGE OR ID #

**105**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**2:27 PM**

TIME POLICE ARRIVED

**2:29 PM**
**PART B** 3000-345-160 R (7/06)

PAGE

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OF

**4**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537373**CASE # **2016-7631**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ANDERSON LOGAN R</b>																
ADDRESS & PHONE # <b>6118 97TH DR NE LAKE STEVENS WA 98258</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>03</b>	-	<b>05</b>	-	<b>2016</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>5</b>	AIRBAG	<b>2</b>	RESTR.	<b>6</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>0</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>SNODEN EARNEST G</b>																
ADDRESS & PHONE # <b>707 NEWBERG ROAD SNOHOMISH WA 98290 4253976527</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>02</b>	-	<b>08</b>	-	<b>1965</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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UNIT OR DIST. DET

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DATE

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ORI # **WA0311900**

TIME POLICE DISPATCHED **2:27 PM**

TIME POLICE ARRIVED **2:29 PM**

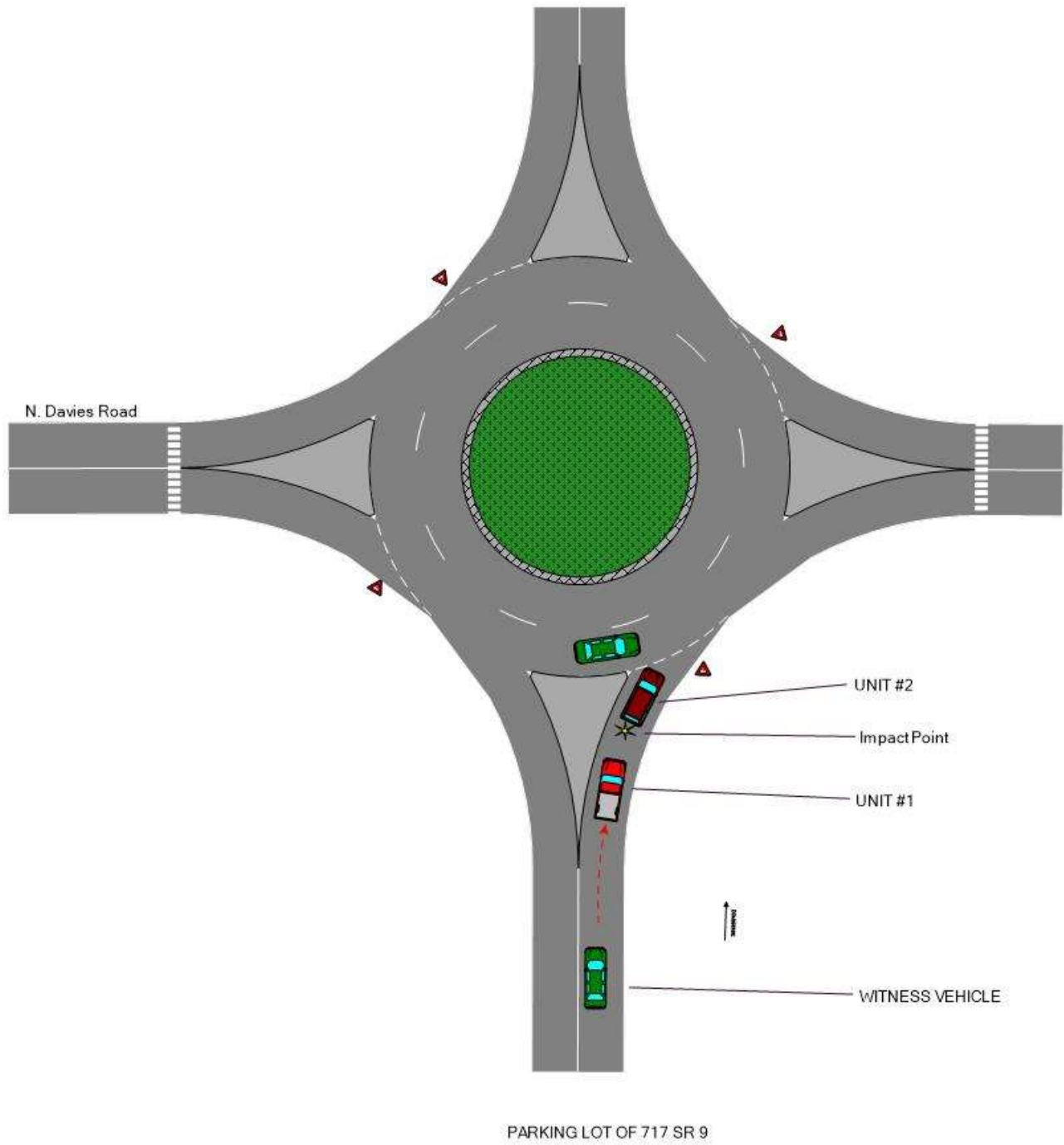
**PART B** 3000-345-160 R (7/06)

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REPORT NO. E537373

CASE # 2016-7631

DATE AND TIME  
OF COLLISION 04/23/16 14:25



\*\* not to scale \*\*